FORM D

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR IFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL						
OMB Number:	3235-0076					
Expires:	May 31, 2005					
Estimated avera	age burden					
hours per response16.00						

SEC U	SE ONLY
Prefix	Serial
DATE	RECEIVED
1	1 1

Name of Offering (check if this is an amendment and name has changed, and indicate change.) POP RADIO LP		1267833
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE	
Type of Filing: New Filing X Amendment	_	
		THE REPORT OF THE PARTY OF THE
A. BASIC IDENTIFICATION DATA		
1. Enter the information requested about the issuer	·	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	,	04006256
POP Radio LP	·	
Address of Executive Offices (Number and Street, City, State, Zip Code	Telephone N	lumber (Including Area Code)
PO Box 184, Jersey Shore, Pennsylvania 17740	617-57	76-9700
Address of Principal Business Operations (Number and Street, City, State, Zip Cod (if different from Executive Offices)	Telephone	Number (Including Area Code)
Brief Description of Business Acquire assests of SmartForce Radio an supported radio network	d to opera	te an advertiser-
Type of Business Organization	er (please specify):	PROCESSED
	et (hierze sheerry).	
		- 1AN 3 0 2004
Month Year		2000
Actual or Estimated Date of Incorporation or Organization:		THOMSON
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction)	512.0E	FINANCIAL
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation	on D or Section 4(6	5), 17 CFR 230.501 et seq. or 15 U.S.C.
Att TAV	· · ·	•

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9



CHSCHOOLEGENION DEFE Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Seem, Gary Business or Residence Address (Number and Street, City, State, Zip Code) PO Box 184, Jersey Shore, PA 17740 General and/or Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or ☐ Promoter Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Director General and/or Check Box(es) that Apply: Executive Officer Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or ☐ Director Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

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1.	Has the is	suer sold.	or does the	issuer inte	nd to sell	ta === ===					•	Y e s	No
	•	,							iis offering: der ULOE.	ł	**********		赵
2.	What is t	he minimu	n investme									\$ 25,0	000
_	What is the minimum investment that will be accepted from any individual? Does the offering permit joint ownership of a single unit?										Yes	No	
3.	Does the	offering pe	rmit joint	ownership	of a single	unit?	****************	•••••				XX.	
4.	Enter the	information or simil	n requeste ar remuner	d for each	person who	o has been	or will be	paid or gi	ven, directl	y or indire	ctly, any		
	F 0.00	OO 113W	va 12 att 922(ociated pers	on or ageni	i of a broke	r or dealer i	remistered s	with the CE/	¬ and/or wi	th a ctate		
	,	mot and man	ne or me of	oker or deal t forth the i	Cr. II more	than tive (5) nercone	to be lister	l are accaci	ated person	s of such	12.51	
Ful	l Name (L	ast name fi	irst, if indi	vidual)			- OKOI OI U	alor only.		NO.	ot app	LICADI	.e.
D.,,	riness or T	a al d											
Đu:	omess of F	esidence A	Address (N	umber and	Street, City	y, State, Zi	p Code)						
Na	me of Ass	ociated Bro	ker or Dea	ler		<u> </u>					····		
Sta	tes in Wh	ch Person	Y istad TTa	Gatialia I									· · · · · · · · · · · · · · · · · · ·
				Solicited of individual (.*		- A1	
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	AL IL	AK IN	AZ IA	(KS)	CA KY	CO	CT	DE	DC	FL	GA	HI	
	MT	NE	NV	NH)	[KI]	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Fu	Il Name (Last name	first, if ind	ividual)					······································				
Bı	isiness or	Residence	Address (Number and	d Street, C	ity, State, 2	Lip Code)						
N	ame of As	sociated Bi	oker or De	aler				······································					
~	-1 7 77 80						,						
St				s Solicited									
		All State	s or cneck	individual	States)	***************	••••••••••	• • • • • • • • • • • • • • • • • • • •	•	**************	•••••	🗆 🗸	All States
	AL IL	AK	AZ	AR	CA	CO	CT	DE		FL	GA	HI	ID
,	MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD	MA	MI	MN	MS	MO
	RI	SC	SD	TN	TX	UT	VT	NC VA	ND WA	OH) WV	OK WI	OR WY	
F	uli Name	Last name	first, if in	dividual)									
_				_									
J.	susiness o	r Residenc	æ Address	(Number a	nd Street,	City, State,	Zip Code))					
1	lame of A	ssociated I	Broker or D	Dealer		·							
7	totac in W	TL: L D		 									
				las Solicite									
	·			k individu	ai Suates) .	***************************************	*********	*****************	••••••	•••••	••••••		All States
		AK IN	AZ	AR	CA	CO	CT	DE	DC	FL	GA		
	MT	NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK		
	RI	SC	SD	TN	TX	UT	VT	VA)	WA	WV			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
•. •	Debt	-0- 2	-0- 2
	Equity	·	s -0-
٠.	☐ Common ☐ Preferred	<u></u>	
	Convertible Securities (including warrants)	- 0-	\$ -0-
	Partnership Interests		\$
	Other (Specify)		s -0-
	Total	.\$1,200,000	
•	Answer also in Appendix, Column 3, if filing under ULOE.		,
2.	Enter the number of accredited and non-accredited investors who have purchased securities in the offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicathe number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	te	Aggregate
		Number	Dollar Amount
	According Towns	Investors 18	of Purchases • 1,175,000
*	Non-second to d. I	····	
	Non-accredited Investors	_	- \$ -0-
	Total (for filings under Rule 504 only)		
3	3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securis sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to first sale of securities in this offering. Classify securities by type listed in Part C — Question	the	
•	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	2 -0-
	Regulation A		s -0-
	Rule 504		\$ -0-
	Total		<u> </u>
	4 a. Furnish a statement of all expenses in connection with the issuance and distribution execurities in this offering. Exclude amounts relating solely to organization expenses of the in The information may be given as subject to future contingencies. If the amount of an expending not known, furnish an estimate and check the box to the left of the estimate.	of the surer.	
	Transfer Agent's Fees	*********	□ \$ <u>-0-</u>
•	Printing and Engraving Costs		□ \$ <u>-0-</u>
	Legal Fees		<u>\$ 20,000</u>
	Accounting Fees	***************************************	□ \$ <u>-0-</u>
	Engineering Fees	***************************************	C \$0-
	Sales Commissions (specify finders' fees separately)		□ \$ <u>-0-</u>
	Other Expenses (identify)	••••••	□ \$
	Total		20,000

proceeds to the issuer."	Part C — Question 4.a. This difference is the "adju		\$\frac{1,155,000}{}{}
each of the purposes shown. If the amou	gross proceed to the issuer used or proposed to be ant for any purpose is not known, furnish an est the total of the payments listed must equal the adjusted to Part C — Question 4.b above.	imate and	
		Payments to Officers, Directors, &	Payments to
		Affiliates	Others
Salaries and fees		s <u>-0-</u>	_ 🗆 \$
Purchase of real estate		[] \$0-	_ D\$ <u>=0-</u>
Purchase, rental or leasing and installationand equipment	on of machinery	\$	🗆 \$
Construction or leasing of plant building	gs and facilities	[]\$	c_o-
offering that may be used in exchange for issuer pursuant to a merger)			
Repayment of indebtedness		s	_ D\$ <u>-0-</u>
Working capital		ss	XX \$905,00
Other (specify):			\$
		sso	\$
Column Totals	·	s <u>-0-</u>	XX \$1,155,00
Total Payments Listed (column totals a	dded)	X3s	1,155,000
	or padacor according		
ignature constitutes an undertaking by the is	gned by the undersigned duly authorized person. ssuer to furnish to the U.S. Securities and Excha ny non-accredited investor pursuant to paragrap	nge Commission, upon wi	Rule 505, the following ritten request of its sta
ssuer (Print or Type)	Signature	Date	00 000'
POP RADIO LP	Signature Jam Jee	Janua	ry 23, 2004
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Gary Seem	Managing Partner		

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E Silver (Galvanda		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No XX

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) POP RADIO LP	Signature Jan Jeo-	D	January 23, 2004
Name (Print or Type) Gary Seem	Title (Print or Type) Managing Partner		ь

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				N. P.	PERIDIK				
1		to seli	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Limited Partnership Units	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									,
AK							·		
AZ									
AR									
CA									
со			;			,			
ст		X	\$.325,000	4	\$ 325,000	None	-0-		Х
DE	ļ								
DC	<u> </u>								
FL		X	\$240,000	4	\$240,000	None	-0-		х
GA		Х	\$100,000	1	\$100,000	None	-0-		x
HI									
ID									
IL			·						
IN		_							
IA									
KS	3								
KY									
L									
M									
M									
М	A	Х	\$110,000	2	\$110,0	00 None	-0-	-	X
M	a								
M	IN								
M	ıs								

		rai ar Liinee A. a		A SASK) XIDEX	Marie de la companya				
1	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Limited Partnership Units	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО										
МТ			·							
NE										
NV						.:.				
NH		X	\$175,000	3	\$175,000	None	-0-		Х	
NJ			:			÷				
NM										
NY		Х	\$50,000	1	\$50,000	None	-0-		Х	
NC								<u> </u>	:	
ND										
ОН	ļ. 	<u> </u>								
ОК	<u> </u>								ļ	
OR	<u> </u>									
PA	ļ	Х	\$75,000	2	\$75,000	None	-0-		X	
RI	<u> </u>									
SC	 					-	-		<u> </u>	
SD	+									
TN										
TX		 					-		-	
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VI		X	\$100,000	1	\$100,00	0 None	-0-		X	
VA		_				· · · · · · · · · · · · · · · · · · ·				
WA					-					
W							_			
W	1									

1	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	- Andrew Sandari Sanda	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Limited Partnership Units	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY	:									
PR										